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PTO/SB/17 (12/99)

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FEE TRANSMITTAL for FY 2005 <i>Patent fees are subject to annual revision, Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 AND 1.28</i>		Complete if Known	
TOTAL AMOUNT OF PAYMENT		Application Number	09/747,650
(\$)		Filing Date	December 22, 2000
		First Named Inventor	Shingo YAMAGUCHI
		Examiner Name	Thierry L. Pham
		Group/Art Unit	2624
		Attorney Docket No.	49986-0503

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METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> Throughout the pendency of this application, please charge any additional fees, including any required extension of time fees, and credit all overpayments to deposit account 50-1302. A duplicate of this sheet is enclosed.		3. ADDITIONAL FEES	
Deposit Account Number: 50-1302		Large Entity Fee Code (\$)	
Deposit Account Name: Hickman Palermo Truong & Becker, LLP		Small Entity Fee Code (\$)	
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		Fee Description	
3. <input type="checkbox"/> Applicant(s) is entitled to small entity status. See 37 CFR 1.27.		Fee Paid	
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Fee Code (\$)		Small Entity Fee Code (\$)	
Fee Description		Fee Paid	
1001 790 2001 395 Utility filing fee			
1002 350 2002 175 Design filing fee			
1003 550 2003 275 Plant filing fee			
1004 790 2004 395 Reissue filing fee			
1005 160 2005 80 Provisional filing fee			
SUBTOTAL (1)		(\$) 0.00	
2. EXTRA CLAIM FEES			
Total Claims %		Highest Paid Claims %	
Independent Claims %		Extra Claims %	
Multiple Dependent		Fee from Below	
**or number previously paid, if greater; For Reissues, see below		Fee Paid	
Large Entity Fee Code (\$)		Small Entity Fee Code (\$)	
Fee Description		Fee Paid	
1202 18 2202 9 Claims in excess of 20			
1201 88 2201 44 Independent claims in excess of 3			
1203 300 2203 150 Multiple dependent claim, if not paid			
1204 88 2204 44 **Reissue independent claims over original patent			
1205 18 2205 9 **Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)		(\$) 0.00	
SUBMITTED BY		*Reduced by Basic Filing Fee Paid	
Name (Print/Type): Lesley Coulson Boveri		SUBTOTAL (3)	
Signature: [Signature]		(\$) 110.00	
Registration No. (Attorney/Agent): 46,642		Telephone: (408) 414-1080	
Date: October 29, 2004			

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